

POSITION <i>COL</i>	INITIALS <i>MAB</i>	ID NO. <i>875</i>	DATE <i>8-31-98</i>
FEES DETERMINATION	<i>104</i>	<i>10391</i>	<i>512588</i>
O.I.P.E. CLASSIFIER	<i>TSR</i>		<i>316142</i>
FORMALITY REVIEW	<i>J</i>	<i>71531</i>	<i>4-21-98</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
Final	
Original	
1	10/18/98
2	10/10/98
3	10/01/98
4	10/01/98
5	10/01/98
6	10/01/98
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Claim	Date
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Claim	Date
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LAST AVAILABLE COPY  
 Note: If more than 150 claims or 10 actions  
 staple additional sheet here

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